PTO/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		No.	15228-18us-1 PAN/df
First Inventor JAN			<u> </u>
Title	APPARA	TUS F	OR DIGITIZING INTRAMEDULLARY CANAL

,	,			
First Inventor JA		JANSEN	NSEN, Herbert André	
Title	APPARA AND ME		R DIGITIZING INTRAMEDULLARY CANAL	, c
Expre	ss Mail La	bel No.		

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b) Express M	ail Label No.							
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231							
1.	 CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) Computer Readable Form (CRF) Specification Sequence Listing on:							
 Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer 	ACCOMPANYING APPLICATION PARTS							
program listing appendix. Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure Drawing(s) (35 U.S.C. 113) [Total Sheets 7] Mewly executed (original or copy) Description Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) Description of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application,	9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R3 .73 (b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form							
see 37 C.F.R. 1.63(d)(2) and 1.33(b).	PTO/SB/35 or its equivalent 17. Other:							
6. Application Data Sheet. See 37 CFR 1.76.								
Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the under Box 5b, is considered a part of the disclosure of the accompanying reference. The Incorporation can only be relied upon when a portion has b	e prior application No: Group / Art Unit: e prior application, from which an oath or declaration is supplied continuation or divisional application and is hereby incorporated by een inadvertently omitted from the submitted application parts.							
19. CORRESPONDE								
Customer Number Label Customer Number Label (Insert Customer:No:here) or Correspondence address below								
Name								
Address	Address							
City State	Postal Code or Zip Code							
Country Telephone	Fax							
Name (Print/Type) Kevin P. MURPHY	Registration No. (Attorney/Agent) 26,674							

Name (Print/Type)	Kevin P. MURPHY	Registration No. (Attorney/Agent)	26,674
Signature	/2(1)cm)	Date	October 2, 2003

PTO/SB/17 (08-03)

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$) 385.00

Complete if Known					
Application Number					
Filing Date					
First Named Inventor	JANSEN, Herbert André				
Examiner Name					
Group /Art Unit					
Attorney Docket No.	15228-18us-1 PAN/df				

METHOD OF PAYMENT	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
indicated fees and credit over payments to:		Large Entity Small Entity				
Deposit Account Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit Account Name	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130	1053	130	Non-English specification	
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	1812	2,520	1812	2,520	For filing a request for reexamination	
2. Payment Enclosed:	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Check Money Order Other	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	410	2252	205	Extension for reply within second month	
1. BASIC FILING FEE	1253	930	2253	465	Extension for reply within third month	
Large Entity Small Entity	1254	1,970	2254	725	Extension for reply within fourth month	
Fee Fee Fee Fee Description Fee Paid	1255	1,970	2255	985	Extension for reply within fifth month	
1001 750 2001 375 Utility filing fee 385.00	1401	320	2401	160	Notice of Appeal	
1002 330 2002 165 Design filing fee	1402	320	2402	160	Filing a brief in support of an appeal	
1003 520 2003 260 Plant filing fee	1403	280	2403	140	Request for oral hearing	
1004 750 2004 375 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 385.00	1453	1,300	2453	650	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue fee (or reissue)	
Extra Fee from Fee Paid Claims below	1502	470	2502	235	Design issue fee	
Total Claims 8 - 20**= 0 X =	1503	630	2503	315	Plant issue fee	
Independent 2 - 3**= 0 X =	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent =	1807	50	1807	50	Petitions related to provisional applications	
** or number previously paid, if greater; For Reissues, see below	1806	180	1806	180	Submission of Information Disclosure Stmt	
Large Entity Small Entity		40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Fee Fee Fee Description	1809	750	2809	375	Filing a submission after final rejection(37 CFR § 1.129(a))	
1202 18 2202 9 Claims in excess of 20	1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1201 84 2201 42 Independent claims in excess of 3	1801	750	2801	375	Request for Continued Examination (RCE)	
1203 280 2203 140 Multiple dependent claim, if not paid	1802	900	1802	900	Request for expedited examination of a design application	р
1204 84 2204 42 ** Reissue independent over original patent	Other fe	e (speci	ify)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2) (\$)	١	. 4		F:: =	CUDTOTAL (O) (O)	
** or number previously paid, if greater; For Reissues, see above	R	eauced l	Dy Basic	riling F	ee Paid SUBTOTAL (3) (\$)	

SUBMITTED B	Y	Complete (if applicable)		
Name (Print/Type)	Kevin P. MURPHY	Registration No. (Attorney/Agent) 26,674	Telephone	(514) 847-4293
Signature	K Jun		Date	October 2, 2003